

05100

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PATENT TRADEMARK OFFICE

**DECLARATION
AND POWER OF ATTORNEY**

ORIGINAL APPLICATION

DOCKET No. GC794-2

AS A BELOW NAMED INVENTOR, I HEREBY DECLARE THAT:

MY RESIDENCE, POST OFFICE ADDRESS AND CITIZENSHIP ARE AS STATED BELOW NEXT TO MY NAME. I BELIEVE I AM THE ORIGINAL, FIRST AND SOLE INVENTOR (IF ONLY ONE NAME IS LISTED BELOW) OR AN ORIGINAL, FIRST AND JOINT INVENTOR (IF PLURAL NAMES ARE LISTED BELOW) OF THE SUBJECT MATTER WHICH IS CLAIMED AND FOR WHICH A PATENT IS SOUGHT ON THE INVENTION ENTITLED VARIANT HUMICOLA GRISEA CBH1.1, THE SPECIFICATION OF WHICH

CHECK ONE:

☒ IS ATTACHED HERETO

☐ WAS FILED ON _____ AS APPLICATION SERIAL NO.

I HEREBY STATE THAT I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS, AS AMENDED BY ANY AMENDMENT REFERRED TO ABOVE. I ACKNOWLEDGE THE DUTY TO DISCLOSE INFORMATION WHICH IS MATERIAL TO PATENTABILITY AS DEFINED IN TITLE 37, CODE OF FEDERAL REGULATIONS §1.56.

I HEREBY CLAIM FOREIGN PRIORITY BENEFITS UNDER TITLE 35, UNITED STATES CODE §119, OF ANY FOREIGN APPLICATION(S) FOR PATENT OR INVENTOR'S CERTIFICATE LISTED BELOW AND HAVE ALSO IDENTIFIED BELOW ANY FOREIGN APPLICATION FOR PATENT OR INVENTOR'S CERTIFICATE HAVING A FILING DATE BEFORE THAT OF THE APPLICATION ON WHICH PRIORITY IS CLAIMED.

| APPLICATION NUMBER | COUNTRY | DATE OF FILING | PRIORITY CLAIMED | |
|--------------------|---------|----------------|------------------|----|
| | | | YES | NO |
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I HEREBY CLAIM THE BENEFIT UNDER TITLE 35, UNITED STATES CODE §120 OR UNITED STATES CODE § 119(e), OF ANY UNITED STATES APPLICATION(S) LISTED BELOW AND, INsofar AS THE SUBJECT MATTER OF EACH OF THE CLAIMS OF THIS APPLICATION IS NOT DISCLOSED IN THE PRIOR UNITED STATES APPLICATION IN THE MANNER PROVIDED BY THE FIRST PARAGRAPH OF TITLE 35, UNITED STATES CODE §112, I ACKNOWLEDGE THE DUTY TO DISCLOSE MATERIAL INFORMATION AS DEFINED IN TITLE 37, CODE OF FEDERAL REGULATIONS §1.56(A) WHICH OCCURRED BETWEEN THE FILING DATE OF THE PRIOR APPLICATION AND THE NATIONAL OR PCT INTERNATIONAL FILING DATE OF THIS APPLICATION.

| APPLICATION NUMBER | DATE OF FILING | STATUS - PATENTED, PENDING OR ABANDONED |
|--------------------|----------------|---|
| 60/459,734 | APRIL 1, 2003 | PENDING |
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POWER OF ATTORNEY: AS A NAMED INVENTOR I HEREBY APPOINT AS MY ATTORNEY(S) WITH FULL POWER OF SUBSTITUTION AND REVOCATION, TO PROSECUTE THIS APPLICATION AND TRANSACT ALL BUSINESS IN THE PATENT AND TRADEMARK OFFICE CONNECTED THEREWITH:

MARGARET A. HORN, REG. NO. 33,401
 CHRISTOPHER L. STONE, REG. NO. 35,696
 RICHARD T. ITO, REG. NO. 32,242
 VICTORIA L. BOYD, REG. NO. 43,510
 JANET KAISER CASTANEDA, REG. NO. 33,228
 H. THOMAS ANDERTON, REG. NO. 40,895
 KAMRIN T. MACKNIGHT, REG. NO. 38,230

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|---|--|
| SEND CORRESPONDENCE TO: VICTORIA L. BOYD GENENCOR INTERNATIONAL, INC. 925 PAGE MILL ROAD PALO ALTO, CA 94304-1013 | DIRECT TELEPHONE CALLS TO: (650) 846-7500 |
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|--|--------------------------------------|--------------------------|--------------------------|---|
| FULL NAME OF INVENTOR FRITS GOEDEGEBUUR | FULL FIRST NAME FRITS | INITIAL | LAST NAME GOEDEGEBUUR | |
| RESIDENCE & CITIZENSHIP THE NETHERLANDS | CITY VLAARDINGEN | STATE OR FOREIGN COUNTRY | | COUNTRY OF CITIZENSHIP THE NETHERLANDS |
| POST OFFICE ADDRESS | POST OFFICE ADDRESS ROZENLAAN 128 | CITY VLAARDINGEN | STATE OR COUNTRY | ZIP CODE 3135 XV |

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|--|--|--------------------------|------------------------|-------------------------------|
| FULL NAME OF INVENTOR Peter Gualfetti | FULL FIRST NAME PETER | INITIAL | LAST NAME GUALFETTI | |
| RESIDENCE & CITIZENSHIP USA | CITY SAN FRANCISCO | STATE OR FOREIGN COUNTRY | | COUNTRY OF CITIZENSHIP USA |
| POST OFFICE ADDRESS | POST OFFICE ADDRESS 1735 VAN NESS AVE., APT 302 | CITY SAN FRANCISCO | STATE OR COUNTRY CA | ZIP CODE 94109 |

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|---|--|--------------------------|-------------------------|---|
| FULL NAME OF INVENTOR Colin Mitchinson | FULL FIRST NAME COLIN | INITIAL | LAST NAME MITCHINSON | |
| RESIDENCE & CITIZENSHIP USA | CITY HALF MOON BAY | STATE OR FOREIGN COUNTRY | | COUNTRY OF CITIZENSHIP GREAT BRITAIN |
| POST OFFICE ADDRESS | POST OFFICE ADDRESS 381 MYRTLE STREET | CITY HALF MOON BAY | STATE OR COUNTRY CA | ZIP CODE 94019 |

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|---|--|--------------------------|------------------------|-------------------------------|
| FULL NAME OF INVENTOR EDMUND LARENAS | FULL FIRST NAME EDMUND | INITIAL | LAST NAME LARENAS | |
| RESIDENCE & CITIZENSHIP USA | CITY MOSS BEACH | STATE OR FOREIGN COUNTRY | | COUNTRY OF CITIZENSHIP USA |
| POST OFFICE ADDRESS | POST OFFICE ADDRESS 301 NEVADA AVENUE | CITY MOSS BEACH | STATE OR COUNTRY CA | ZIP CODE 94038 |

I FURTHER DECLARE THAT ALL STATEMENTS MADE HEREIN OF MY OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE; AND FURTHER THAT THESE STATEMENTS WERE MADE WITH THE KNOWLEDGE THAT WILLFUL FALSE STATEMENTS AND THE LIKE SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE, AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION OR ANY PATENT ISSUING THEREON.

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| SIGNATURE OF INVENTOR 201 | SIGNATURE OF INVENTOR 202 |
| DATE | DATE |
| SIGNATURE OF INVENTOR 203 | SIGNATURE OF INVENTOR 204 |